

## Fraser and Brown reply:

We believe Drs. Cohen, Gould, and Sidel, for whom we have the highest respect and whose opinions we value, have missed the point of our Viewpoint [Public Health Rep 2000;115:326-30]. They recognize that "neither foodborne disease nor chemical spills has received a fraction of the public attention given to bioterrorism." This is absolutely true. The everyday issues that public health agencies deal with regularly have for decades been addressed haphazardly, if at all, through a series of categorical programs that address individual diseases or public health threats. The issue of bioterrorism has drawn public attention and resources to the need for improvement in basic public health capacities, those germane to all of public health practice, in a way that other public health issues have not.

We wholly agree that what Cohen et al. call "the real challenges" of public health merit greater attention. But these challenges have not been getting that attention. This fall Congress passed and the President signed the "Public Health Threats and Emergencies Act," legislation designed by its sponsors, Senators Bill Frist (R-TN) and Ted Kennedy (D-MA), to address the specific problems of antimicrobial resistance and bioterrorism preparedness. The first section of the Act authorizes the first-ever federal funding designated for performance standards, assessment, and competitive grants to states and localities to improve core capacities to detect and respond effectively to "significant public health threats." The capacities include workforce, laboratory, and communication capacities, the infrastructure that we believe underpins the ability of public health agencies to carry out all of their work, to perform the essential public health services. Like it or not, the issue of biological terrorism was effective in capturing the awareness of policy makers and helping them understand the concept of core public health capacities. We have no

doubt that, had the two issues not been joined, we would not have made this leap forward in supporting public health infrastructure. This is the practical reality of policy making.

We also note that the bioterrorism preparedness spending of which we are proponents is not the \$1.5 billion to which Cohen et al. refer, which includes large sums appropriated to the Departments of Defense and Justice. Rather, we have been advocates for the \$222 million for the Centers for Disease Control and Prevention to address bioterrorism, and we stand by our position that the expenditure of this sum on bioterrorism preparedness that also benefits general public health preparedness is wholly justifiable and, in fact, insufficient. Cohen et al. should note that in our Viewpoint we took no position whatever on the issue of military spending. Now that Congress has explicitly authorized spending for basic public health infrastructure, we hope the entire public health community will join in advocating for the highest possible level of new funding for improving the nation's public health system.

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## Gun-Related Violence

I confess I am astounded by the dishonesty and/or ignorance Price and Oden<sup>1</sup> displayed in their response to my Letter to the Editor.<sup>2</sup>

First, they defend their misuse of the term epidemic to describe the declining level of gun-related violence—which they had initially said was increasing—based on a comparison of the US to other countries. Sorry, but an "epidemic" is based on trends within a community, not contemporaneous rates in different communities. I am surprised that a peer-reviewed publication would allow such nonsense to be printed.

Second, speaking of "peer-reviewed," Price and Oden dismiss research by Kleck,<sup>3</sup> which I cited, on the grounds that his book was "non-refereed." I'm not sure whether Price and Oden don't understand how academic books are published, or are unfamiliar with the background of the book of Kleck's that I cited. First of all, large portions of the book were previously published in refereed jour-

nals. More important, that book is a revision of a book<sup>4</sup> that won the Michael J. Hindelang Award, given by the American Society of Criminology "for the book published in the past two to three years that makes the most outstanding contribution to criminology." To me, that suggests Kleck's peers have reviewed and been impressed with the book. Even before the publisher accepted Kleck's book, as with other academic books, it was sent to peers for review. Do Price and Oden think academic books get published without being reviewed? Get real. As it happens, my citation to Kleck to which they refer was simply to support my allegation that gun-related crime outnumbers gun-related morbidity and mortality by a wide margin. I cited Kleck because I had already cited him, and it seemed easier to do that than to cite one source to note 30,000 gun-related deaths,5 another for 64,000 gun-related injuries,6 and a third for 670,000 gunrelated crimes.<sup>7</sup> Price and Oden, on the other hand, cite a study that did not report national suicide rates to support their false assertion that ours is twice that of other industrialized nations.

Third, to refute my suggestion that gun-related violence is a crime issue, with guns often used for protection, Price and Oden note that suicides outnumber homicides and say that "it would be obtuse to suggest that we need guns to protect people from shooting themselves!" They instead thus demonstrate their own obtuseness by suggesting that the gun control issue can be understood by looking at mortality data alone, and that guns can be used for protection only from a gun-related mortal event. There are about 670,000 gun-related violent crimes committed annually (half that if one counts only those reported to police departments), and an additional roughly 7.5 million non-gun-related violent crimes plus a few million burglaries, against any of which guns can be used for protection. Compared to that, there are 17,000 gun-related suicides and 12,000 gun-related homicides, with, admittedly, only the latter of that pair potentially allowing protection from guns.<sup>5</sup> Price and Oden are good at rhetoric, but weak at science, which is one of the flaws of the anti-gun efforts by public health professionals.

Fourth, in response to my noting that firearm-related mortality is declining and thus unlikely to surpass motor-vehicle-related mortality, they say that "The difference in the number of deaths caused by firearms and motor vehicles [is] not germane to the issues of firearms morbidity and mortality." Pardon me, but Price and Oden were the ones who cited the allegation that firearm mortality would soon overtake motor vehicle mortality. I was responding to their suggestion that the comparison was germane.

Finally, in response to my assertion that "no evidence exists that gun-related violence is preventable using pub-

lic health methods," they state that there is no evidence that NRA's Eddie Eagle program—a non–public health method that I didn't mention—works. They did not cite any evidence that gun-related violence is preventable using public health methods. I take that as evidence they know of none. Otherwise, instead of inventing another topic of discussion, they might have refuted by citation. It is the dishonesty of public health professionals when discussing the gun issue which leads to dismissal of their work by other scholars as a "pandemic of propaganda." §

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## References

- Blackman P. NRA on gun ownership [letter]. Public Health Rep 2000:115:108.
- Price JH, Oden L. Price and Oden respond [letter]. Public Health Rep 2000;115:109-110.
- Kleck G. Targeting guns: firearms and their control. NY: Aldine de Gruyter; 1997.
- Kleck G. Point blank: guns and violence in America. NY: Aldine de Gruyter: 1991.
- Murphy SL. Deaths: final data for 1998. Natl Vital Stat Rep 2000;28(11):1-106.
- Nonfatal and fatal firearm-related injuries—United States, 1993-1997. MMWR Morb Mortal Wkly Rep 1999;48:1029-34.
- Rennison CM. Criminal victimization 1998: changes 1997-98 with trends 1993-98. Washington: Department of Justice (US), Bureau of Justice Statistics; 1999 Jul.
- Kates D, Schaffer HE, Lattimer JK, Murray GB, Cassem EW. Guns and public health: epidemic of violence or pandemic of propaganda? Tennessee Law Rev 1995;62:513-96.